

October 16, 2007

Mr. Ronald Crozier TennCare Examiner Department of Commerce And Insurance 500 James Robertson Parkway Suite 750 Nashville, TN 37243

Review of UAHC Health Plan of Tennessee, Inc's 2nd Qtr NAIC Statement Matter # 07-062

UAHC Health Plan of Tennessee, Inc's Reported Adjustments to Paid-in Capital

Matter # 06-118

Dear Mr. Crozier:

In reference to the above matters, please find the following amended NAIC filings:

• December 31, 2006 Annual

March 31, 2007 1st Quarter 2007

June 30, 2007 2nd Quarter 2007

If there are any questions, I can be reached at 901-260-4422.

Sincerely,

Stephen Harris Chief Financial Officer

Cc: Gregory Hawkings, Examinations Manager

rican of Tennessee, Inc.

2007 OCT 17 AM 9: 21

C&I TENNCARE

QUARTERLY STATEMENT

OF THE

	UAHC HEALTH PLAN OF TENNESSEE IN	C
of	MEMPHIS	
in the state of	TENNESSEE	

TO THE

Insurance Department

OF THE

STATE OF TENNESSEE

FOR THE QUARTER ENDED March 31, 2007

HEALTH

2007



HEALTH QUARTERLY STATEMEN

00000200720100101

AS OF MARCH 31, 2007

OF THE CONDITION AND AFFAIRS OF THE UAHC Health Flian of Tennessee

NAIC Company Code 00000 Employer's ID Number 62-1547197 **NAIC Group Code** 0000 0000 (Current Period) (Prior Period) , State of Domicile or Port of Entry TN Organized under the Laws of TN Country of Domicile Licensed as business type: Life, Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity Dental Service Corporation Vision Service Corporation [] Health Maintenance Organization [1 Is HMO Federally Qualified? YES [] Commenced Business: Incorporated/Organized: January 3, 1994 October 6, 1993 Statutory Home Office: 1769 Paragon Suite 100 Memphis, TN Main Administrative Office: 1769 Paragon Suite 100 Memphis, TN 38132 901-348-2201 Mail Address: 1769 Paragon Suite 100 Memphis, TN 38132 Primary Location of Books and Records: 1769 Paragon Suite 100 Memphis, TN 38132 Internet Website Address: N/A Statutory Statement Contact: Stephen Harris 000-000-0000 sharris@uahc.com 901-348-2212 Policyowner Relations Contact: 1769 Paragon Suite 100 Memphis, TN 38132 **OFFICERS** Name Title Stephanie Dowell Chief Exective Officer Stephen Harris Chief Financial Officer Vice-Presidents Title Name Senior Vice-President & Medical Director Vice-President Medical Services Edward Reed, M.D. Myla Johnson Stacy Hill Vice-President MIS **DIRECTORS OR TRUSTEES** Stephanie Dowell Stephen Harris Tom Goss Samuel King Lloyd Robinson Grover Barnes M.D. Julius V. Combs, M.D. Griselle Figueredo, M.D. Logan Miller M.D. Neal Beckford M.D. William Brooks Alvin King Ricky Wilkins The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement (Signature) (Signature) Stephanie Dowell Stephen Harris (Printed Name) (Printed Name) (Printed Name) Chief Financial Officer Chief Exective Officer (Title) MANAGE (Title) (Title) a. Is this an original filing? YES[]NO[X] Subscribed and sworn to before me this OCTOBER 1. State the amendment number 2 10/15/2007 2. Date filed **PUBLIC** 3. Number of pages attached

December 30, 2007

December 30, 2007

ASSETS

		Cu	rrent Statement Dat	9	
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	7,475,144		7,475,144	7,445,153
2.	Stocks:				
	2.1 Preferred stocks	,,,			
_	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
4.	3.2 Other than first liens Real estate:				
٦.	4.1 Properties occupied by the company (less \$ 0 encumbrances)				
	4.2 Properties held for the production of income (less \$ 0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 2,709,205), cash equivalents (\$ 0)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and short-term investments (\$ 0)	2,709,205		2,709,205	1,822,987
6.	Contract loans (including \$ 0 premium notes)				******
7.	Other invested assets	3,030,110		3,030,110	3,025,336
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets	2,300,000	2,300,000	40 0	10.000 :
10.	Subtotals, cash and invested assets (Lines 1 to 9)	15,514,459	2,300,000	13,214,459	12,293,476
11. 12.	Title plants less \$ 0 charged off (for Title insurers only)	420.200		400.000	050.400
13.	Investment income due and accrued Premiums and considerations:	438,380		438,380	358,420
13.	42.4. The effected area to see and area to be because to the area of a file of	1,102,251		1,102,251	1,156,198
	13.1 Uncollected premiums and agents balances in the course of collection 13.2 Deferred premiums, agents' balances and installments booked but deferred and	1,102,251		1,102,231	1,130,130
	13.3 Accrued retrospective premiums			**********	
14.	Reinsurance:			******************	
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				,
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2 17.	Net deferred tax asset				
18.	Guaranty funds receivable or on deposit Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$ 0)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$ 360,956) and other amounts receivable	681,205	681,205		
23.	Aggregate write-ins for other than invested assets	113,440	113,440		
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts (Lines 10 to 23)	17,849,735	3,094,645	14,755,090	13,808,094
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	17,849,735	3,094,645	14,755,090	13,808,094
	DETAILS OF WRITE-INS				
0901	Escrow per state of TN	2,300,000	2,300,000		
0902.	. 	2,000,000	2,000,000		
0903.					
	Summary of remaining write-ins for Line 09 from overflow page				
	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	2,300,000	2,300,000		
	Prepaid Expenses	113,440	113,440		
2302.					
2303.				*****	
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	113,440	113,440		THE THUSAND

LIABILITIES, CAPITAL AND SURPLUS

		Current Period		Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
Claims unpaid (less \$ 0 reinsurance ceded)	186,214		186,214	
Accrued medical incentive pool and bonus amounts	100,214		100,214	
Unpaid claims adjustment expenses				
5. Aggregate life policy reserves				
Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
General expenses due or accrued	435,379	. , , ,	435,379	204,3
10.1 Current federal and foreign income tax payable and interest thereon (including				
\$ 0 on realized gains (losses))	568,733		568,733	369,6
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon				
\$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	58,476		58,476	58,4
16. Payable for securities	,	. , , . ,		
17. Funds held under reinsurance treaties (with \$ 0 authorized				
reinsurers and \$ 0 unauthorized reinsurers)				
18. Reinsurance in unauthorized companies				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Liability for amounts held under uninsured plans				
21. Aggregate write-ins for other liabilities (including \$ 0 current)	1,422,500		1,422,500	1,476,4
22. Total liabilities (Lines 1 to 21)	2,671,302		2,671,302	2,108,8
23. Aggregate write-ins for special surplus funds	XXX	XXX		
24. Common capital stock	XXX	XXX	200,000	200,0
25. Preferred capital stock	XXX	XXX	12,550,000	12,550,0
26. Gross paid in and contributed surplus	XXX	XXX		
27. Surplus notes	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds	XXX	XXX		
29. Unassigned funds (surplus)	XXX	XXX	(666,212)	(1,050,7
30. Less treasury stock, at cost:				
30.1 0 shares common (value included in Line 24 \$ 0)	xxx	xxx		
30.2 0 shares preferred (value included in Line 25 \$ 0)	······································	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	xxx	12,083,788	11,699,2
Total liabilities, capital and surplus (Lines 22 and 31)	XXX		14,755,090	13,808,0

DETAILS OF WRITE-INS				
2101. PREMIUM TAX PAYABLE	1,102,251		1,102,251	1,156,198
2102. CLAIMS AUDIT	320,249		320,249	320,249
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page				
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	1,422,500		1,422,500	1,476,447
2301.	xxx	xxx		
2302.	XXX	XXX		→
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.	xxx	xxx		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

;	Current Yea	r To Date	Prior Year To Date
	1 .	2	3
	Uncovered	Total	Total
1. Member Months	XXX	324,521	364,16
2. Net premium income (including \$ 0 non-health premium income)	XXX	372,085	
Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$ 0 medical expenses)	XXX		
5. Risk revenue	XXX	***************************************	
Aggregate write-ins for other health care related revenues Aggregate write-ins for other non-health revenues	VVV		
Anguegate white-line to condition-negatives Total revenues (Lines 2 to 7)	XXX	372,085	***************************************
ospital and Medical:			
9. Hospital/medical benefits		(28,026)	(78,82
10. Other professional services		202,471	
11. Outside referrals			
12. Emergency room and out-of-area		0.000	
13. Prescription drugs		81,979	
Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts			
40.0 14.4 141. 04.45	1	256,424	(78,82
		200,121	(10,02
ess:		40.500	
17. Net reinsurance recoveries		12,500 243,924	(78,82
18. Total hospital and medical (Lines 16 minus 17) 19. Non-health claims (net)	1	243,524	(10,02
20. Claims adjustment expenses, including \$ 42,646 cost containment expenses		97,654	1,311,89
21. General administrative expenses		(487,186)	(1,603,05
22. Increase in reserves for life and accident and health contracts (including			
\$ 0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		(145,608)	(369,98
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	517,693	369,98
25. Net investment income earned		176,851	55,37
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)		176,851	55,37
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
recovered \$ 0) (amount charged off \$ 0)] 29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal			
income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	. 694,544	425,36
31. Federal and foreign income taxes incurred	XXX	199,082	136,50
32. Net income (loss) (Lines 30 minus 31)	XXX	495,462	288,86
DETAILS OF WRITE-INS			
		-	
0601.	XXX		
0602. 0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701	VVV		***************************************
0701. 0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.	1		
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	. 1	2	3
CAPITAL & SURPLUS ACCOUNT	Current Year To Date	Prior Year To Date	Prior Year
33. Capital and surplus prior reporting year	11,699,216	10,771,593	10,771,593
34. Net income or (loss) from Line 32		288,868	1,285,337
35. Change in valuation basis of aggregate policy and claim reserves		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0 (78,970)	(30,843)	48,599
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets		81,520	(406,313
40. Change in unauthorized reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)		.,	
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)			
49. Capital and surplus end of reporting period (Line 33 plus 48)	12,083,788	11,111,138	11,699,216
DETAILS OF WRITE-INS			
4701.			
4702. 4703.			
4703. 4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			****

CASH FLOW

Cash from Operations	1 Current Year To Date	2 Prior Year Ended December 31
Premiums collected net of reinsurance	372,085	
2. Net investment income	96,891	336,036
3. Miscellaneous income	55,406	464,908
4. Total (Lines 1 to 3)	524,382	800,944
5. Benefit and loss related payments	1	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	(321,278)	(551,677
8. Dividends paid to policyholders		
Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		369,275
0. Total (Lines 5 through 9)	(321,278)	(182,402
Net cash from operations (Line 4 minus Line 10)	845,660	983,346
Cash from Investments	-	
2. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		45,309
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		45.000
12.8 Total investment proceeds (Lines 12.1 to 12.7)		45,309
Cost of investments acquired (long-term only):		
13.1 Bonds		310,000
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	29,991	40,206
13.7 Total investments acquired (Lines 13.1 to 13.6)	29,991	350,206
Net increase (or decrease) in contract loans and premium notes		
5. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(29,991)	(304,897
Cash from Financing and Miscellaneous Sources		
6. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities	1	
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	70,549	(237,553
77. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	70,549	(237,553
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	900 240	AA0 00A
8. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	886,218	440,896
Cash, cash equivalents and short-term investments: All 1. Population of the second seco	1 000 007	4 200 004
19.1 Beginning of year 19.2 End of period (Line 18 plus Line 19.1)	1,822,987	1,382,091 1,822,987
Note: Supplemental disclosures of cash flow information for non-cash transactions:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20.0001.		,
NO 0000		
0.0002. 0.0003.		.,,

Report #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of March 31, 2007 of UAHC Health Plan of TN, Inc.

	Current Period	Current Year to Date	Prior Calendar Year
MEMBER MONTHS	324,522	324,522	1,418,559
REVENUES:	-		
TennCare Capitation	52,444,735	52,444,735	211,283,040
2. Investment	176,851	.176,851	638,027
3. Other Revenue (Provide detail)	32,620,590	32,620,590	49,095,008
4. TOTAL REVENUES (Lines 1 to 3)	85,242,176	85,242,176	261,016,075
EXPENSES:			
Medical and Hospital Services			
5. Capitated Physician Services	1,438,754	1,438,754	6,161,715
6. Fee-for-Service Physician Services	5,352,626	5,352,626	20,367,814
7. Inpatient Hospital Services	11,956,770	11,956,770	53,067,885
8. Outpatient Services	18,112,137	18,112,137	69,911,107
9. Emergency Room Services	5,709,298	5,709,298	20,482,689
10. Mental Health Services	-	-	~
11. Dental Services	-	-	193
12, Vision Services	373,413	373,413	1,717,426
13. Pharmacy Services	-	-	
14. Home Health Services	451,093	451,093	1,714,794
15. Chiropractic Services	-	-	-
16. Radiology Services	1,025,633	1,025,633	4,611,43
17. Laboratory Services	921,172	921,172	603,646
18. Durable Medical Equipment Services	603,240	603,240	2,153,898
19. Transportation Services	1,630,634	1,630,634	7,177,599
20. Outside Referrals	-	-	
21. Medical Incentive Pool and Withhold Adjustments		-	-
22. Occupancy, Depreciation, and Amortization	-		
23. Other Medical and Hospital Services (Provide detail)	32,790,789	32,790,789	52,229,21
24. Subtotal (Lines 5 to 23)	80,365,558	80,365,558	240,199,41
25. Reinsurance Expenses Net of Recoveries	-	-	-
LESS:			-
26. Copayments	-	-	-
27. Subrogation	(55,595	(55,595)	(29,03
28. Coordination of Benefits	(247,970	(247,970)	(819,64
29. Subtotal (Lines 26 to 28)	(303,565	(303,565)	(848,68
30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	80,061,993	80,061,993	239,350,73
Administration:			
31. Compensation	1,271,443	1,271,443	5,098,06
32. Marketing	61,121	61,121	208,73
33. Interest Expense	-	-	
34. Premium Tax Expense	1,150,803	1,150,803	4,582,65
35. Occupancy, Depreciation and Amortization	144,394	144,394	564,52
36. Other Administration (Provide detail)	2,077,032	2,077,032	9,920,46
37. TOTAL ADMINISTRATION (Lines 31 thru 36)	4,704,794	4,704,794	20,374,44
			1
38. TOTAL EXPENSES (Lines 30 and 37)	84,766,786	84,766,786	259,725,17
39. NET INCOME (LOSS) (Line 4 less 38)	475,390		1,290,89

Report 2A (cont'd) TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of March 31, 2007 of UAHC Health Plan of TN Inc.

Current Period Current Period Current Period Prior Year			Current Year	
Administrative Fee Revenue from State Revenue from State for Premium Tax 1,836,787 3,836,787 16,105,394 Revenue from State for Premium Tax 1,150,803 1,150,803 4,582,658 Miscellaneous Revenue -	Line 3 - Other Revenue	Current Period	to Date	Prior Year
Administrative Fee Revenue from State Revenue from State for Premium Tax 1,836,787 3,836,787 16,105,394 Revenue from State for Premium Tax 1,150,803 1,150,803 4,582,658 Miscellaneous Revenue -				
Revenue from State for Premium Tax 1,150,803 1,150,803 1,150,803 3,582,658 Miscellaneous Revenue 360,956 BNR Total \$32,620,590 \$32,620,590 \$28,046,000 \$32,620,590 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,620,590 \$49,095,008,000 \$32,74,916 \$32,			0.000.707	10.405.004
Miscellaneous Revenue		• • • • • • • • • • • • • • • • • • • •		, .
Shared Risk Revenue 27,633,000 27,633,000 28,046,		1,150,803	1,150,803	4,582,658
BNR Total 27,633,000 27,633,000 28,046,000 332,620,590 332,620,590 49,095,008.00 332,620,590 49,095,008.00 332,620,590 49,095,008.00 332,620,590 49,095,008.00 332,620,590 49,095,008.00 332,620,590 49,095,008.00 332,620,590 324,258,134 342,600 342,58,134 342,600 342,58,134 342,600 342			~	****
Total \$32,620,590 \$32,620,590 49,095,008.00				
Line 23 - Other Medical and Hospital Services Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other - - - (\$74,916) Physical Therapy - 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$5,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$1,259,942 \$5,971,449 Board of Directors' Meetings \$13,782 \$1,368 \$2,642 Administrative Expenses \$94,553 394,553 2,296,551 Consumables \$140,727 \$140,727 310,030 Travel & Entertainment 42,285 42,285 \$162,764 Miscellaneous Expense - - - -				
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other - - - (\$74,916) Physical Therapy - - - - IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$0 \$0 213 Professional Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -	Total	\$32,620,590	\$32,620,590	49,095,008.00
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other Physical Therapy IBNR (\$74,916) IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Line 36 - Other Administration Accounting Services \$25,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$,971,449 Board of Directors' Meetings \$13,782 \$13,782 73,058 Bank Charges \$4,538 \$4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables \$140,727 \$140,727 \$310,030 Travel & Entertainment \$42,285 \$42,285 \$162,764 Other Unassigned - - - - Miscellaneous Expense - - - -				
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other - - - (\$74,916) Physical Therapy - - - - IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$0 \$0 213 Professional Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -				
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other - - - (\$74,916) Physical Therapy - - - - IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$0 \$0 213 Professional Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -				
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other Physical Therapy IBNR (\$74,916) IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Line 36 - Other Administration Accounting Services \$25,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$,971,449 Board of Directors' Meetings \$13,782 \$13,782 73,058 Bank Charges \$4,538 \$4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables \$140,727 \$140,727 \$310,030 Travel & Entertainment \$42,285 \$42,285 \$162,764 Other Unassigned - - - - Miscellaneous Expense - - - -				
Other Referral/Specialist Services \$5,157,789 \$5,157,789 \$24,258,134 Other Physical Therapy IBNR (\$74,916) IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Line 36 - Other Administration Accounting Services \$25,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$,971,449 Board of Directors' Meetings \$13,782 \$13,782 73,058 Bank Charges \$4,538 \$4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables \$140,727 \$140,727 \$310,030 Travel & Entertainment \$42,285 \$42,285 \$162,764 Other Unassigned - - - - Miscellaneous Expense - - - -	Line 23 - Other Medical and Hospital Services			
Other Physical Therapy IBNR - G874,916) Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration \$32,790,789 \$32,790,789 \$52,229,218 Accounting Services \$25,628 \$25,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$1,259,942 5,971,449 Board of Directors' Meetings \$13,782 \$13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -	Ellio 20 - Oalet Medicar and Mospital Cervices			
Other Physical Therapy IBNR - G874,916) Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration \$32,790,789 \$32,790,789 \$52,229,218 Accounting Services \$25,628 \$25,628 \$25,628 \$170,441 Legal Services \$0 \$0 213 Professional Services \$1,259,942 \$1,259,942 5,971,449 Board of Directors' Meetings \$13,782 \$13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -	Other Referral/Specialist Services	\$5 157 789	\$5 157 789	\$24 258.134
Physical Therapy 1BNR		\$0,107,105	-	
IBNR 27,633,000 27,633,000 28,046,000 Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services \$0 \$0 213 Professional Services \$1,259,942 1,259,942 5,971,449 Board of Directors' Meetings \$1,3782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -		_	_	(41.114.1)
Total \$32,790,789 \$32,790,789 \$52,229,218 Line 36 - Other Administration Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -		27 633 000	27 633 000	28 046 000
Line 36 - Other Administration Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -	10141	21,000,000	21,000,000	20,0 10,000
Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -	Total	\$32,790,789	\$32,790,789	\$52,229,218
Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -		•		
Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Accounting Services \$25,628 \$25,628 170,441 Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -			•	
Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -	Line 36 - Other Administration		•	
Legal Services \$0 \$0 213 Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -		#0F 000		170 111
Professional Services 1,259,942 1,259,942 5,971,449 Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Board of Directors' Meetings 13,782 13,782 73,058 Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -	5			
Bank Charges 4,538 4,538 2,642 Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - - Miscellaneous Expense - - - -				
Administrative Expenses 394,553 394,553 2,296,551 Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Consumables 140,727 140,727 310,030 Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Travel & Entertainment 42,285 42,285 162,764 Other Unassigned - - - Miscellaneous Expense - - -				
Other Unassigned Miscellaneous Expense				•
Miscellaneous Expense		42,200	,, 00	102,101
		195 577	195 577	887 106
Provision for Income Taxes of Mgmt company 46,208		193,377	TOO,OTT,	
Total \$2,077,032 \$2,077,032 \$9,920,462		\$2,077,032	\$2,077,032	

CASH FLOW

	Cash from Operations	1 Current Year To Date	2 Prior Year Ended December 31
Premiums collected (et of reinsurance	372,085	
Net investment incon	ie .	96,891	336,036
 Miscellaneous incom 	9	55,406	464,908
4. Total (Lines 1 to 3)		524,382	800,944
Benefit and loss relat			
6. Net transfers to Sepa	rate Accounts, Segregated Accounts and Protected Cell Accounts		
	ses paid and aggregate write-ins for deductions	(321,278)	(557,227
9 Federal and foreign i	cynoiders come taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		369,27
IO. Total (Lines 5 throug	n:	1004 0701	(187,952
	i 9) ions (Lirie 4 minus Line 10)		988,89
	Cash from Investments		
12. Proceeds from inves	ments sold, matured or repaid:	-	
12.1 Bonds	,		45,309
12.2 Stocks			
12.3 Mortgage loan			***************************************
12.4 Real estate			
12.5 Other invested			
12.6 Net gains or (le	osses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous		1 -	
	nt proceeds (Lines 12.1 to 12.7)		45,30
13. Cost of investments	icquired (long-term only):		
40.4 D			240.00
13.1 Bonds			310,00
13.2 Stocks			
13.3 Mortgage loan	§		
13.4 Real estate			
13,5 Other invested			
13.6 Miscellaneous	. * *	29,991	40,20
	nts acquired (Lines 13.1 to 13.6)	29,991	350,20
	ease) in contract loans and premium notes		
Net cash from invest	nents (Line 12.8 minus Line 13.7 and Line 14)	(29,991)	(304,89
	rom Financing and Miscellaneous Sources		
Cash provided (appli	ed):		
16.1 Surplus notes,			
16.2 Capital and pa	id in surplus, less treasury stock		
16.3 Borrowed fund	S		
16.4 Net deposits of	s n deposit-type contracts and other insurance kabilities		
16,5 Dividends to s			
16.6 Other cash pro	vided (applied)	70,549	(243,10)
	ng and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	70,549	(243,10
RECONCII IATI	ON OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
	ash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	886,218	440,89
	its and short-term investments;		
19,1 Beginning of	1-1	1,822,987	1,382,09
	(Line 18 plus Line 19.1)	2,709,205	1,822,98
	closures of cash flow information for non-cash transactions:		>
20.0001,			
20.0002.	: 		
20.0003.	·		

Statement as of March 31, 2007 of the UAHC Health Plan of Tennessee Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		Comprehensive (Hosnital & Madinal)	souts! & Madina!)	4	5	9		8	6	0).
	L	The control of the co	object of medical		_					
in the second se	n ji viddalah	٧	7)	Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	110,534						- 1		110,534	
2. First Quarter	108,944							121	108,823	
3. Second Quarter										
4. Third Quarter										
5. Current Year								-		
6. Current Year Member Months	108.944			Constitution of the Consti				121	108,823	the state of the s
Total Member Ambulatory Encounters							-	a e e reconscienta de la conscienta del		
for Period:			and the Filter And Andrews							
7. Physician	132,437								132,437	
8. Non-Physician	21,027								21,027	WARRANCE AND A STATE OF THE STA
9. Total	153,464								153,464	dente de de la descenario de la confessione de l
10. Hospital Patient Days Incurred	34,883					WHITE CONTRACTOR AND			34,883	
11. Number of Inpatient Admissions	2,477	A SECTION AND A							2,477	The second secon
12. Health Premiums Written (a)	372,085					gradi despetablement mantendada alaman despetablement		372,085		and the second s
13. Life Premiums Direct										
.14. Property/Casualty Premiums Written										
15, Health Premiums Earned		4								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision					-		AM #		Paralle and the second of	
of Health Care Services			-							
18. Amount Incurred for Provision of		munus er d'edirens	Actual Arter of Officers				***************************************	adamā i Priliborom	THE BANK THE PROPERTY.	
Health Care Services										

(a) For health premiums written, amount of Medicare Title XVIII exempt from state taxes or fees \$

Statement as of March 31, 2007 of the UAHC Health Plan of Tennessee Inc

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

	2	6	4	5	9	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0399999 Aggregate accounts not individually listed - covered	186,214					186,214
0499999 Subtotals	186,214					186,214
0700000 Total Asimo Innaid					A MARIA AND AND AND AND AND AND AND AND AND AN	186,214
		78.				
				2		

0899999 Accrued medical incentive pool and bonus amounts			AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			

Statement as of March 31, 2007 of the UAHC Health Plan of Tennessee Inc.

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

			A CONTRACTOR OF THE PROPERTY O		5	9
	Claims Pairl Yearth Date	ns Opte Opte	End of Current Quarter	l of Quarter		
		2	3	4		Estimated Claim
	5	Ö	8	5		Claim
Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
of Business	Prior to January 1 of Current Year	During the Year	Dec. 31 of Prior Year	During the Year	in Prior rears (Columns 1 + 3)	Prior Year
						AND THE PROPERTY OF THE PROPER
1. Comprehensive (hospital and medical)						
2. Medicare Supplement	,					
3. Dental only						
4. Vision only						
F. Endows Employees Hoosh Bonefit Dlan				·	an more make g	

6. Title XVIII - Medicare		138,305		186,274		
7. Title XIX - Medicaid						
S. Other health		gar an tro				-
	-	138 305		186.214		
or steams subviving the organic subviving to the organic subviving the organic subviving to the organic subviving the organic subviving to the organic subviving the organi						
iv. neamoare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A THE REPORT OF THE RESIDENCE OF THE PARTY O	
13. Totals		138,305		186,214		
	And described the second of th					

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UAHC Health Plan of Tennessee, Inc. are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissions' (the NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee.

There are no reconciling items between the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the state of Tennessee.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

None

6. Joint Ventures, Partnerships and limited Liability Companies

None

7. Investment Income

None

8. Derivative Instruments

None

9. Income Tax

None

10. Information Concerning Parent, Subsidiaries and Affiliates

None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Post employment benefits and Compensated Absences and other Postretirement Benefit Plans

None

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi Reorganizations.

None

14. Contingencies

None

15. Leases

No Change

16. Off Balance Sheet Risk

None

- Sale, Transfer and Servicing of Financial Assets and Extinguishments Of Liabilities.
 - C. Wash Sales

None

18. Gain or loss to the company from Uninsured A&H Plans and Uninsured Portion of Of Partially Insured Plans

None

 Direct Premium Written/Produced by managing general agents/third party Administrators.

None

20. Other Items

None

21. Events Subsequent

None

22. Reinsurance

Under an Agreement with an insurer for the Company's Medicare product, 90% of inpatient medical claim cost in excess of \$100,000 up to \$1,000,000 per enrollee for the plan year as defined, are paid by the insurer. Furthermore, our agreement with an insurer includes outpatient coverage that is limited to \$1,500 per day. During the first quarter of 2007, the Company had no medical claim cost paid under the stop-loss agreement. The Company paid premiums to the insurer totaling \$12,500 for the first quarter 2007.

23. Retrospectively Rated Contracts

None

24. Organization and Operations

None

NOTES TO FINANCIAL STATEMENTS

25. Salvage and Subrogation

None

- 26. Change in Incurred claims and Claim adjustment Expense
 None
- 27. Minimum Net Worth

No Change

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

	Did the reporting entity experience any material trans with the State of Domicile, as required by the Model If yes, has the report been filed with the domiciliary st	Act?	Material Tran	sactions] No[X]	÷
2.1	Has any change been made during the year of this so the reporting entity? If yes, date of change:		incorporation	, or deed of	settlement	ļ.	Yes [] No[X]	
	Have there been any substantial changes in the organization of the second secon		1?				Yes [] No[X]	
	Has the reporting entity been a party to a merger or or fyer, provide the name of entity, NAIC Company Co for any entity that has ceased to exist as a result of the	consolidation during the period covered by dee, and state of domicile (use two letter s					Yes [] No [X]	
	1 Name of Entity	2 NAIC Company Code	3 State of De	omicile	The state of the s				
5.	If the reporting entity is subject to a management ag attorney-in-fact, or similar agreement, have there be principals involved? If yes, attach an explanation.				rent(s),		Yes [] No[X]	N/A []
	State as of what date the latest financial examination State the as of date that the latest financial examination	lion report became available from eilher th	e state of don		reporting e	ntity.	Canadassas	04/30/2005	
6.3	This date should be the date of the examined balanc State as of what date the latest financial examination domicile or the reporting entity. This is the release data (balance sheet date).	report became available to other states of	r the public fr	om either th		nation		12/31/2004 05/31/2006	
	By what department or departments? Has this reporting entity had any Certificates of Auth								
	suspended or revoked by any governmental entity d If yes, give full information	uring the reporting period?					Yes [] No[X]	
	Is the company a subsidiary of a bank holding comp If response to 8.1 is yes, please identify the name of	any regulated by the Federal Reserve Bo the bank holding company.	ard?				Yes [} No[X].,	
	is the company affiliated with one or more banks, the fresponse to 8.3 is yes, please provide below the new particles agency (i.e. the Fed Office of Thrift Supervision (OTS), the Federal Depotent Identify the affiliate's primary federal regulator.	riffs or securities firms? armes and location (city and state of the meral Reserve Board (FRB), the Office of the	ain office) of a	nny affiliates of the Curr	regulated ency (OCC), the	Yes [] No[X]	
	1	2 Location	3	4	5	6	7		
	Affiliate Name	(City, State)	FR8	occ	OTS	FDIC	SEC		
			-						
	: : :								
		I		L					

	Statement as of March 31, 2007 of the UAHC Health Plan of Tennessee Inc	
	GENERAL INTERROGATORIES (Continued)	
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	Yes[X] No[]
	(c) Compliance with applicable governmental laws, rules, and regulations;(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
9.11	(e) Accountability for adherence to the code. If the response to 9.1 is No, please explain:	
	·	
9.2 9.21	If the response to 9.2 is Yes, provide infromation related to amendment(s).	Yes[] No[X]
9.3 9.31		Yes[] No[X]
	FINANCIAL	
	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes[] No[X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$
11 1	INVESTMENT Has there been any change in the reporting entity's own preferred or common stock?	Yes[] No[X]
11.2	If yes, explain	
12.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes[] No[X]
12.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:	
12.1 12.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:	
12.1 12.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA:	
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA; Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates?	
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments:	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 2 Prior Year-End Book/ Current Quarter	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 2 Current Quarter Adjusted Carrying Value Book/Adjusted Carrying Value	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 Prior Year-End Book/ Adjusted Carrying Value 15.21 Bonds 15.22 Preferred Stock \$ \$	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 Prior Year-End Book/ Adjusted Carrying Value 15.21 Bonds 15.22 Preferred Stock 15.23 Common Stock \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1 Prior Year-End Book/ Adjusted Carrying Value 15.21 Bonds \$ 15.22 Preferred Stock \$ \$ \$ 15.23 Common Stock \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1	Yes[] No[X] \$
12.1 12.2 13. 14. 15.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto: Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments: Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following: 1	Yes[] No[X] \$

Yes[] No[X] Yes[] No[X]

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

	war the requirements of the 14707	inancial Condition Examiners F	Complete Explanation(s) ied in 17.1 during the current quarter? A Reason	
1 Name of Cus	todian(s)	C	2 Custodian Address	·
		, , , , , , , , , , , , , , , , , , ,		
17.2 For all agreements that do not o	comply with the requirements of the I	NAIC Financial Condition Exam	niners Handbook,	
provide the name, location and	a complete explanation:)	. 3	
Name(s)	Locat		Complete Explanation(s)	
				Processor Constitution of the Constitution of
17.3 Have there been any changes.	including name changes, in the cust	odian(s) identified in 17.1 durin	g the current guarter?	Yes[] No
17.4 If yes, give full and complete inf		colongo) laboration in the auto-	9 4	
	-	3	A	
1 Old Custodian	2 New Custodian	3 Date of Change		
1:	2	1		
1:	2	1		
1:	2	1		
1 Old Custodian 17.5 Identify all Investment advisors,	2 New Custodian New Custodian broker/dealers or individuals acting	Date of Change	Reason I have access	
Old Custodian 17.5 Identify all investment advisors, to the investment accounts, har	2 New Custodian New Custodian broker/dealers or individuals acting die securities and have authority to	Date of Change on behalf of broker/dealers tha make investments on behalf of	Reason I have access the reporting entity:	
1 Old Custodian 17.5 Identify all investment advisors, to the investment accounts, har	2 New Custodian New Custodian broker/dealers or individuals acting die securities and have authority to	Date of Change on behalf of broker/dealers tha make investments on behalf of	Reason I have access the reporting entity:	

18.2 If no, list exceptions

12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)

SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	· 	
2.	Increase (decrease) by adjustment		
-3.	Cost of acquired		
4.	Cost of additions to and permanent improvements		
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period		
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)		
11.	Total nonadmitted amounts		

SCHEDULE B - VERIFICATION Mortgage Loans

-	THE PROPERTY OF THE PROPERTY O	1	2
	race		Prior Year Ended
V		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2.	Amount loaned during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Increase (decrease) by adjustment Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		ł
8.	Increase (decrease) by foreign exchange adjustment		A 10 1 10 1 10 10 10 10 10 10 10 10 10 10
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		. ,
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	1 .	
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION Other Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	3,025,336	2,605,000
2.	Cost of acquisitions during period:		
	2,1 Actual cost at time of acquisitions		411,633
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	4,774	8,703
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
1.7,	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period	3,030,110	3,025,336
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	3,030,110	3,025,336
12.	Total nonadmitted amounts		
13.	Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)	3,030,110	3,025,336

SCHEDULE D - VERIFICATION Bonds and Stocks

	·		
	AND DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,445,153	7,140,257
2.	Cost of bonds and stocks acquired		310,000
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	29,991	(5,104)
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	7,475,144	7,445,153
10.	Total valuation allowance		***************************************
11.	Subtotal (Lines 9 plus 10)	7,475,144	7,445,153
12.	Total nonadmitted amounts		
13.	Stalement value	7,475,144	7,445,153

Statement as of March 31, 2007 of the	UAHC Health Plan of Tennessee	Inc

NONE Schedule D - Part 1B

NONE Schedule DA - Parts 1 and 2

NONE Schedule DB - Part F - Section 1

NONE Schedule DB - Part F - Section 2

Statement as of March 31, 2007 of the UAHC Health Plan of Tennessee Inc

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

-	7	~>	4	n	>	
Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Propagou	Type of Reinsurance Ceded	is insurer Authorized? (Yes or No)
Life and Annuity - Affiliates	ates					
Life and Annulty - Non-Affiliates.	Affiliates					
Accident and Health - Affiliares	Affiliates					
Accident and Health	Acoldent and Health - Non-Affiliates					
92711	35-1817054	01/01/2007	HOC LIFE INSURANCE COMPANY	MINNESOTA	50	YES
				P		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

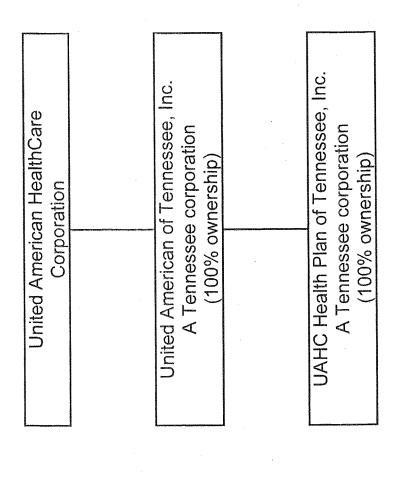
Current Year to Date - Allocated by States and Territories

	:							Only Year To Date		T	
	£		1 Is Insurer Licensed	2 Accident and Health	3 Medicare	4 Medicaid	5 Federal Employees Health Benefits Program	Other	7 Property/ Casually	8 Total Columns	9 Deposit-Type
	State, Etc.		(Yes or No)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama	AL	NO		,						
2.	Alaska	AK.	NO								
3.	Arizona	AZ	NO NO						, ,		
4. 5.	Arkansas	AR	NO								
6.	California Colorado	ÇA CO	NO NO						, . ,		
7.	Connecticut	CT	NO								
8.	Delaware	DE	NO								
9.	Dist, Columbia	DC	NO								
0.	Florida	FL	NO								
11.	Georgia	GA	NO								
12. 13.	Hawaii	HI ID	NO NO								
13. 14.	Idaho Illinois	IL.	NO NO								
5.	Indiana	IN	NO								
6.	lowa	IA	NO								
17.	Kansas	KS	NO								
18.	Kentucky	KY	NO				.,				
19,	Louisiana	LA.	NO NO		1						
20. 21.	Maine	ME	NO								,
22.	Maryland Massachusetts	MD MA	NO NO								,
23,	Michigan	MI	NO								
24.	Minnesota	MN	NO								.⇒
25.	Mississippi	MS	NO								
26,	Missouri	MO	NO								
27.	Montana	MT	NO								
28.	Nebraska	NE.	NO.						:		
29. 30.	Nevada New Hampshire	NV HN	NO NO								
30. 31,	New Jersey	NJ	NO NO								
32.	New Mexico	NM	NO								
33.	New York	NY	NO								
34.	North Carolina	NC	NO								
35.	North Dakota	ND	NO								
36. 37.	Ohio Oklahoma	OH	NO NO								
38.	Oregon	OR	NO NO								
39.	Pennsylvania	PA	NO								
40.	Rhode Island	RI	NO								
\$ 1.	South Carolina	SC	NO			l					
12.	South Dakota	SD	NO								
13,	Tennessee	TN	YES		138,305		/			138,305	
14.	Texas	TX.	NO								
15. 16.	Utah Vermont	UT. VT	NO NO		1	1					
40. 47.	Virginia	VI.	NO NO								
18.	Washington	WA	NO								
19.	West Virginia	W۷	NO							1	
50.	Wisconsin	WI	NO								
51.	Wyoming	WY	NO								ļ
52.	American Samoa	AS	NO.		ļ						
3.	Guam Pundo Biso	GU	NO.							.	
i4. i5.	Puerto Rico U.S. Virgin Islands	PR. VI	NO NO								
i6.	Northern Mariana Islands	MP	NO								
57.	Canada	CN	NO							1	
8.	Aggregate other alien	ΟT	XXX							1	
39.	Subtotal		XXX		138,305					138,305	
80.	Reporting entity contribution								1		
. 4	for Employee Benefit Plans		XXX						1		
31.	Total (Direct Business)		(a) 1		138,305	<u> </u>	1	<u> </u>	<u> </u>	138,305	<u> </u>
					T			T			, -,
	DETAILS OF WRI	TE.INS			1	I		1		1	

,		 ·	,	,	 ***************************************	-9
DETAILS OF WRITE-INS						-
5801.						
5802.						
5803.	1.					
5898. Summary of remaining write-ins for Line 58		 			 	
from overflow page						
5899. Totals (Lines 5801 through 5803 plus 5898)						
(Line 58 above)						

⁽a) Insert the number of yes responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in filed of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

ing no interrogatory dasonons:	,		
à			RESPONSE
Will the Medicare Part D Cover	rage Supplement be filed with the state	te of domicile and the NAIC with this statement?	YES
EXPLANATION:			
BAR CODE:			

NONE , Schedule A - Part 2 and 3

NONE Schedule B - Part 1 and 2

NONE Schedule BA - Part 1 and 2

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule DB - Part A and B - Section 1

NONE Schedule DB - Part C and D - Section 1

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4 Amount of Interest	5 Amount of Interest	Month	Balance at End of During Current Q	uarter	9
Depository	Code	Rate of Interest	Received During Current Quarter	Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*
Open Depositories AMSOUTH BANK HMO OPERATING MEMPHIS, TN AMSOUTH BANK ASO OPERATING MEMPHIS, TN AMSOUTH BANK MEDICARE OPERATINGMEMPHIS, TN		4.84% 4.84% 4.84%	18,731 53,881		1,883,432 133,834	2,071,450 130,254 168,717	2,367,453 128,413 213,339	
019998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see instructions) - Open Depositories	XXX	X X X						XXX
0199999 Total Open Depositories Suspended Depositories	XXX	XXX	72,612		2,017,266	2,370,421	2,709,205	XXX
029998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories 0299999 Total Suspended Depositories	XXX	XXX						XXX
0399999 Total Cash on Deposit	XXX	XXX	72,612		2,017,266	2,370,421	2,709,205	
049999 Cash in Company's Office	XXX	XXX	XXX	XXX	nie origen		31. 11.77.	XXX
OTION OUSSI III OVII, MAIT S OTION								
		<i>j</i>						
0599999 Total	XXX	XXX	72,612		2,017,266	2,370,421	2,709,205	i xxx

tatement as of March 31, 2007 of the	UAHC Health Plan of Tennessee	Inc

NONE

Schedule E - Part 2

Statement as of March 31, 2007 of UAHC Health Plan of Tennessee, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

7	Admitted	1,102,251.00		***************************************		The state of the s	o unimperate a de compressión de la compressión dela compressión de la compressión dela compressión de la compressión de	transferrence de grappi)++)(Contagnataria esta Chippenaria regularia esta Chippenaria regularia esta contagnata esta contagnat							espendent est est est to the first term of the forest est of the first est of the content of the		***************************************	erretariore de la company de l	de particulations con le descript de la faithfuist de l'écolorité person de restricte de	transfering transfering the second section of the second section of the second	***************************************				432344724474343444444444444444444444444		THE PROPERTY OF THE PROPERTY O		ALCOURT AND THE PROPERTY OF A PARTY OF THE PROPERTY OF THE PRO	1,102,251.00
ę	Nonadmitted				A) I THE LEGE OF THE PARTY OF T			THE PROPERTY OF THE PROPERTY O		Traction which which has been reduced to the contract of the section of the secti		THE PERSON CONTRACTOR AND ADDRESS OF THE PERSON OF THE PER	A THE TAXABLE STREET, AND THE			***************************************			PHILIPMENT OF THE PHILIPMENT O	- Proposition of the contract		***************************************			a trad tradapological property terral processing the state of the state of the processing to the state of the	(AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
5	Over 90 Days		***************************************	eden Park de marra parte por l'estre propriété de la propriété de l'estre propriété de l'estr	A THE CONTRACT OF THE CONTRACT					or the control of the last of the control of the co	***************************************	***************************************	addadd dywn a mwysgogogogogogogogog dd drei mheisteidd i iddiol i ball da ac ac mhigwyg y pro		***************************************	PARTATE PARTETURE TO THE COUNTY OF THE PARTAMENT OF THE P	energija venimpijjst velijstopista kandistari katalitari katalitari pajajajajajajajaj	***************************************	errerrespondential de la company de la compa	AND THE STREET OF THE STREET	***************************************				***************************************		and the second section of the second section of the second		***************************************	1
4	61 - 90 Days		***************************************	***************************************	AND THE PROPERTY OF THE PROPER	(18)) (Filed)) And (1875) (And (1875) (Filed)			listal (dai irripra irradi irrinna ananinastata a adala in ing iprop angantarresan. Adala ahan isla disabi falunda angan paripra pangan islah islah dagan dagan islah dagan islah dagan ing pangan	der energy energy and the energy of the ener		## 1874 ## (**********************************	TO THE PROPERTY OF THE PROPERT	**************************************		elitti telekitetetetetetetetetetetetetetetetetetet	adirahan de		#}}}##################################			The section of the real section is the section of t	arun papelleje leta eta erregen erregen erra erregen erra erregen erra erregen erregen erregen erregen erregen	7,1	erine de la desta de la colonidade de la c	***************************************	AN AND AND AN AND AN AND AND AND AN AND AND	adiaban on of control control thinks that the control control of the control of t	ety manonaan juddep se gymeny reprojeptyrad tidesillidad i distribiyanyees verbidi	
6	31 - 60 Days		An Araban Mala har dan arabah da Malard Bress Malarda Malanda Malanda Karana Karana Karana Karana Karana Karan	An early special registration and the state of	en house, and parte estate position has been assertance and consistence and consistence of the consistence o				**************************************	11411111111111111111111111111111111111	to be the control of		THE PARTY OF THE PROPERTY OF T	V 11 (4) (1) (1) (1) (1) (1) (1) (A CAD IN COCK CONTINUES AND	adolaniya.neeroooonoonoonoonoonoonoonoonoonoonoonoono		errer in eta halahaldika kethabih merdi harengela di suksulen erren in		· · · · · · · · · · · · · · · · · · ·	And Dividity of Lawrence Company of the Company of	THE RESERVE THE PROPERTY OF TH	***************************************		AND THE RESIDENCE AND WASTERN THE STREET, THE PARTY WAS THE STREET, THE STREET	And the state of the supposed of the supplication states (1974) of the supplication of the supplication states	**************************************	CONTRACTOR OF THE CONTRACTOR O	E
2	1 - 30 Days	1,102,251.00	AND COLOR OF THE SECTION OF THE SECT	***************************************	A DESCRIPTION OF THE PROPERTY			***************************************	**************************************	enter (metala Dest) (hitaria) (hitaria) (hitaria) (metala (hitaria) (metala (hitaria) (metala (hitaria) (metala			THE CONTRACT OF STREET OF STREET, STRE			and the second section of the section o	THE LEAD TRADESTAND THE RESIDENCE THE PARTY OF THE PARTY		***************************************			and the first the state of the	***************************************		***************************************		***************************************		and subsessed appropriet (mentananta) has saided the Civil and the Civil and	1,102,251.00
	Name of Debtor	0499999 Premiums due and unpaid from Medicaid entities				TOTAL PROPERTY CONTRACTOR AND THE PROPERTY OF ANY PROPERTY OF THE PROPERTY OF		marini dadi (Teliferi delifikara mana marini dali (Marina menangan		. The second state of the second seco			AND THE PROPERTY OF THE PROPER		ANTI-CONTRACTOR OF CONTRACTOR	анылалдардагачандагаммаларун кенепрадарым мемалдаган байтарынын байтанын байтан байтан байтан байтан байтан бай	er de de de la company de de la company de la compa	растанда жазарында ж Жазарында жазарында ж	ANNA AMERIKAN MAKAKAN MAKAKAN MAKAKAN MAKAKAN MAKAN	***************************************			ALIBATINAN ON PRINCIPATION PRINCIPATION PROPERTY OF THE PRINCIPATION OF THE PRINCIPATI	AND THE PROPERTY OF THE PROPER	adira i maran repassibi padi Dimari a aseri (taggapaja asil a aseri man na aseripas) da badinasin bestrujes sambin kundules	eri memberili di pripersi i requi e mentre i di di di cue perte i di mandi di mentre di incidi della di incidi	ANTICOLOGICA DE LA CONTRACTORIO DE		A THE STATE OF THE	0599999 Accident and health premiums due and unpaid (Page 2, Line 13.1)

Statement as of March 31, 2007 of UAHC Health Plan of Tennessee, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	2	3	4	5	9	7	
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted	1
DUE FROM PROVIDERS				320,249.29	320,249		
ad mantantinianamaninamatatarinahanamaninatatarinahanamaninahanamaninahanamaninahanamaninahanamaninahanamanina		n de servicio per la litera de la servicio de la servicio de la servicio de la la la la la servicio del la servicio de la servicio dela servicio de la servicio de la servicio del servicio de la servicio del servicio de la servicio del s					0
	A THE STATE OF THE		The state of the s	The tracking of the contract o	na aana pi nada sa amah kengangingi nagi pangingi nagi kahalaman ana aana di kali dalah pangingi nagi panging		1 7
ar den menten kantan kantan kantan kantan keleben kantan keleben keleben keleben kantan keleben keleben keleben Keleben keleben			***************************************	a annual terretation to the second se			
Western Company of the Company of th	The second secon		And the state of t	The second secon	en de la companya de la companya de managemente de la companya de la companya de la companya de la companya de		-
	**************************************		***************************************				
	The second state of the second	A GENERAL DE LE PROPRIE DE	And the state of t	THE PROPERTY OF THE PROPERTY O	on desiration describe constitute agency to the control of the con		
A PARAMETRIA DE L'ALIANNE DE L'		A DE LANGE DE LA COMPANION DE	***************************************				
a den mentre de de des de mentre de mentre de de des d La companya de des des		AL PARTIE PROPERTY AND			TA TATALAN TATALAN CANADA CANA	AMPROVED THE TRANSPORT OF THE PROPERTY OF THE	
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Statement as of March 31, 2007 of UAHC Health Plan of Tennessee, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

		E	7	ĝ	g	Adm	peq.
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
United American of Tennessee, Inc.					***************************************	***************************************	
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MEDICARE PART D COVERAGE SUPPLEMENT

For the Quarter Ended March 31, 2007

NAIC Group Code 0000

NAIC Company Code 00000

	Individual (Coverage	Group C	overage	5
	. 1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	103,000	XXX		XXX	103,000
2. Earned Premiums		XXX		xxx	XXX
3. Claims Paid	81,979	XXX		xxx	81,979
4. Claims Incurred	and the state of t	XXX		xxx	XXX
Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		xxx		
6. Aggregate Policy Reserves - Change		XXX		xxx	XXX
7. Expenses Paid		XXX		xxx	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		xxx	XXX
10. Cash Flow Results	xxx	XXX	xxx	xxx	21,021

⁽a) Uninsured Receivable/Payable with CMS at End of Quarter; \$ 0 due from CMS or \$ 0 due to CMS